

Permit #: _____
Inspected by: _____
File Completed: _____

HAMILTON COUNTY HEALTH DEPARTMENT

One Hamilton County Square, Suite 30
Noblesville, IN 46060-2229
(317) 776-8500

Application for PRIVATE WATER WELL CONSTRUCTION AND REPAIR

Well Driller _____ Property Owner _____
Address _____ Current Address _____
City/State/Zip _____ City/State/Zip _____
Phone _____ Phone _____
License # _____

PROPERTY LOCATION

Address _____ Directions to Job _____
City/Zip _____
Subdivision _____
Lot # _____ Township _____
Parcel # _____ - _____ - _____ - _____ - _____ - _____

WELL CONSTRUCTION OR REPAIR INFORMATION

NEW _____ (\$125) [New Casing installed] REPLACE PUMP _____ (\$35) [using existing well casing, only]

Size of Well Casing: _____ Type of Pump: _____

Intended Use: _____

Distance of Well to Septic Tank or Finger System: _____

Distance of Well to Permanent Structures: _____

A scaled drawing must be provided and include the following:

___ Scale < 1"= 50'	___ Location of septic system/sanitary sewers	___ Neighbor's septic system
___ Property lines	___ Existing/abandoned wells	(if well is within 50' of property line)
___ Lot dimensions	___ Areas where animals are housed or grazed	___ Areas where commercial pesticides,
___ Main road	___ Fuel tanks	herbicides and/or fertilizers are stored
___ Footprint of all structures	___ Ponds, creeks and streams	___ Any other possible source of
___ Driveway		contamination to a private water well

The Hamilton County Health Department must conduct an inspection of the well and obtain a satisfactory water sample result before the well may be released for use. Please call (317) 776-8500 to make an appointment after work is completed.

I, the undersigned, do now affirm under penalties of perjury that the foregoing information and/or representations are true and further do now certify that the well construction/pump installation for this facility will be installed to meet state and local requirements of the health department of Hamilton County, Indiana.

Date: _____ Signed: _____ (Applicant)

Application Approved: _____ Application Denied: _____ Corrections Required: _____ Signed: _____
(See Other Side for Corrections) Date: _____

File date: Jul-04